

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3843AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2008
NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET LAS VEGAS, NV 89104		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 12/5/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 Category 1 beds.</p> <p>The facility had an endorsement to care for elderly or disabled persons and/or persons with mental illnesses.</p> <p>The census at the time of the survey was three. Three resident records were reviewed. One closed record was reviewed. Two employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 088 SS=C	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199</p> <p>4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of</p>	Y 088		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 088	Continued From page 1 the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on observation, record review and interview, the administer failed to maintain a written schedule and retain schedules for six months. Findings include: There was no staffing schedule posted in the facility. There were no previous schedules. Employee #2 said, "I'm always here." Severity: 1 Scope: 3	Y 088			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files with all required documents for 2 of 2 employees (#1, #2).	Y 103			

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Y 103	Continued From page 2 Findings include: Employee #1 was hired as the administrator sometime in 2005. The file for Employee #1 lacked documented evidence of a pre-employment physical exam along with a statement of clearance of any communicable diseases. Employee #2 was hired as a caregiver on 3/2/05. The file for Employee #2 lacked documented evidence of Tuberculosis screening for the past year. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files with all required documents for 2 of 2 employees (#1, #2). Findings include: Employee #1 was hired as the administrator sometime in 2005. The file for Employee #1 lacked documented evidence of: 1) actual date of hire;	Y 105			

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Y 105	Continued From page 3 2) a signed statement that the employee had not been convicted of any of the crimes listed in NRS 449.188; and 3) fingerprints. Employee #2 was hired as a caregiver on 3/2/05. The file for Employee #2 lacked documented evidence of: 1) letters of personal reference or evidence of personal references having been checked; and 2) FBI results of a criminal background check. Severity: 2 Scope: 3	Y 105			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files with all required documents for 2 of 2 employees (#1, #2). Findings include: Employee #1 was hired as the administrator sometime in 2005. The file for Employee #1	Y 106			

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Y 106	Continued From page 4 lacked documented evidence of current first aid training certification. Employee #2 was hired as a caregiver on 3/2/05. The file for Employee #2 lacked documented evidence of current first aid training certification. Severity: 2 Scope: 3	Y 106		
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure emergency evacuation drills were performed on a monthly basis for the past year. Findings include: The record lacked documented evidence of an evacuation drill for the month of November 2008. Employee #2 stated, "Oh, I missed that one." A resident who requested anonymity, indicated there had not been any evacuation drills since she came to live there. Severity: 2 Scope: 1	Y 434		

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Y 444	Continued From page 5	Y 444			
Y 444 SS=D	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a smoke detector check was completed on a monthly basis for the past year.</p> <p>Findings include:</p> <p>The record lacked documented evidence of a smoke detector check for the month of November 2008.</p> <p>Employee #2 stated, "Oh, I missed that one."</p> <p>Severity: 2 Scope: 1</p>	Y 444			
Y 877 SS=D	<p>449.2742(5) OTC medications & Dietary Supplements</p> <p>NAC 449.2742</p> <p>5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary</p>	Y 877			

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Y 877	Continued From page 6 supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1) a physician's order was obtained before administering over the counter (OTC) medications; and 2) the inclusion of the administration of the medication in the record for 1 of 3 residents (#3). Findings include: Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis. There was no physician's order in Resident #3's record for Tylenol. An entry on the medication administration record (MAR) indicated, "Tylenol 500 milligrams as needed." The MAR lacked documented evidence of any Tylenol being administered. When asked about the Tylenol, Resident #3 explained, "I keep it on the desk in my room and take it whenever I have pain." Severity: 2 Scope: 1	Y 877			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	<p>Continued From page 7</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications according to a physician's order for 2 of 3 residents (#1, #2).</p> <p>Abbreviations:</p> <p>BID = twice a day cap = capsule hs = hour of sleep MAR = Medication Administration Record mg = milligrams PRN = as needed PO = by mouth Q = every tab = tablet TID = three times a day</p> <p>Findings include:</p> <p>Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension,</p>	Y 878			

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Y 898	<p>Continued From page 9</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain instructions for administering medication for 2 of 3 residents (#2, #3).</p> <p>Abbreviations:</p> <p>BID = twice a day cap = capsule hs = hour of sleep MAR = Medication Administration Record mg = milligrams PRN = as needed PO = by mouth Q = every QD = every day tab = tablet</p> <p>Findings include:</p> <p>Resident #2 was a 74 year-old female, admitted on 6/15/05, with diagnoses including hypertension, anxiety, hypothyroidism and hypercholesteremia.</p> <p>Resident #2's record contained a physician's order reading "Alprazolam 0.5 mg 1 tab BID as</p>	Y 898			

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Y 898	Continued From page 10 needed." The order did not indicate why Resident #2 might need to take the medication. An entry on the MAR read, "Alprazolam 0.5 mg 1 tab BID for depression." Documentation on the MAR indicated Resident #2 was receiving Alprazolam BID on a regular schedule and not "as needed." Resident #2's record contained an order for "Imodium AD 1 tab PRN." The order did not indicate why Resident #2 might need to take the medication. The MAR entry read "Imodium per package directions." Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis. Resident #3's record contained a physician's order for "Piroxicam 20 mg 1 tab PO QD as needed." The order did not indicate why Resident #3 might need to take the medication. Severity: 2 Scope: 2	Y 898		
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that	Y 920		

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Y 920	<p>Continued From page 11</p> <p>may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication was kept in a locked container in the room of 1 of 3 residents (#3).</p> <p>Findings include:</p> <p>Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis.</p> <p>There was no physician's order for Tylenol in Resident #3's record. The MAR had an entry which read, "Tylenol 500 mg as needed." There was no Tylenol in Resident #3's medication bin.</p> <p>When asked about the Tylenol, Employee #2 explained, " She keeps it in her room and takes it whenever she needs it (for pain). "</p> <p>Severity: 2 Scope: 1</p>	Y 920			

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Y 950 Y 950 SS=C	Continued From page 12 449.275(1) Hospice Care NAC 449.275 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain a copy of the hospice plan of care for 1 of 3 residents (#1). Findings include: Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension, coronary artery disease and renal failure. On 10/29/08, Resident #1 was admitted to a home hospice agency. There was no hospice care plan in the home. The pocket in the front of the three-ring binder contained several forms required by the Bureau of Licensure and Certification to be submitted regarding hospice patients. The forms had not been completed. Employee #2 indicated she was unsure what she was supposed to do with the forms. Severity: 1 Scope: 3	Y 950 Y 950			
YA831 SS=D	WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for	YA831			

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YA831	<p>Continued From page 13</p> <p>permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive.</p> <p>2. A written request submitted pursuant to this section must include, without limitation:</p> <p>(a) Records concerning the resident ' s current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition;</p> <p>(b) A plan for ensuring that the resident ' s medical needs can be met by the facility;</p> <p>(c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and</p> <p>(d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility.</p> <p>3. A written request submitted to the Division pursuant to this section must be received:</p> <p>(a) Before the administrator admits a resident; or</p> <p>(b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734 , inclusive.</p> <p>4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734 , inclusive.</p> <p>5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive, for 10 days after the facility submits to the Division the written request required pursuant to subsection 1.</p>	YA831			

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YA831	Continued From page 14 This Regulation is not met as evidenced by: Based on record review, the facility failed to submit a hospice waiver request for 1 of 3 residents (#1). Findings include: Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension, coronary artery disease and renal failure. Resident #1 was admitted to hospice within a week after admission to the facility. The Bureau for Licensure and Certification had not received a hospice waiver request for Resident #1 as of the survey date. Severity: 2 Scope: 1	YA831		
YA850 SS=E	449.274(1)(a,b) Med. Care of resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary.	YA850		

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NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA850	Continued From page 15 This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to notify the family or physician after an injury for 1 of 3 residents (#2). Findings include: Resident #2 was a 74 year-old female, admitted on 6/15/05, with diagnoses including hypertension, anxiety, hypothyroidism and hypercholesteremia. Resident #2's record contained an Incident Report, dated 4/6/08. The entry revealed that at 6:00 AM, Resident #2 "... came to my room said that she fell and complaint her left side of her breast was sore. I told her to take her in the Emergency but she refused." The areas on the form for documentation of family and physician notification were blank. The area for employee signature was blank. Employee #2 stated she didn't know she needed to call the physician. A resident who requested anonymity explained Employee #2 is hesitant to call anyone (paramedics) and the resident has made calls for her in the past. Severity: 2 Scope: 1	YA850		
YA908 SS=E	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed	YA908		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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YA908	<p>Continued From page 16</p> <p>shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to properly document the administration of as needed (PRN) medications for 2 of 3 residents (#2, #3).</p> <p>Abbreviations - Medicine:</p> <p>BID = twice a day MAR = Medication Administration Record mg = milligram PRN = as needed PO = by mouth QD = every day Q AM = every morning tab = tablet</p> <p>Findings include:</p> <p>Resident #2 was a 74 year-old female, admitted on 6/15/05, with diagnoses including hypertension, anxiety, hypothyroidism and</p>	YA908			

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YA908	<p>Continued From page 17</p> <p>hypercholesteremia.</p> <p>Resident #2's record contained a physician's order which read, "Alprazolam 0.5 mg 1 tab PO BID as needed."</p> <p>According to the documentation on the MAR, the Alprazolam was being given on a regular basis twice a day every day. The record lacked documented evidence of the results of the medication.</p> <p>Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis.</p> <p>A physicians's order in Resident #3's record read, "Piroxicam 20 mg 1 tab PO QD as needed."</p> <p>Documentation on Resident #3 's MAR indicated the Piroxicam was being given on a regular basis at the same time every morning. The MAR lacked documented evidence of the results of the medication.</p> <p>Severity: 3 Scope: 2</p>	YA908			

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